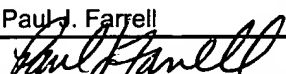


Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No. 678-524 (P9531)
	First Inventor or Application Identifier Jin-Soo Park et al.
	Title Apparatus and Method for Access
Express Mail Label No. EL484186890US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231				
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)				
2. <input checked="" type="checkbox"/> Specification [Total Pages 27] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies				
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]	ACCOMPANYING APPLICATION PARTS				
4. Oath or Declaration [Total Pages <input]<ul="" type="checkbox"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))				
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).					
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label _____ or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
Name	Paul J. Farrell, Esq.				
Address	Dilworth & Barrese 333 Earle Ovington Blvd.				
City	Uniondale	State	NY	Zip Code	11553
Country	U.S.	Telephone	(516) 228-8484	Fax	(516) 228-8516
Name (Print/Type)	Paul J. Farrell	Registration No. (Attorney/Agent)	33,494		
Signature		Date	8/17/00		

CERTIFICATION UNDER 37 C.F.R. § 1.10 I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL484186890US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: August 17, 2000


Theodosios Thomas

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL
for FY 2000Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.**TOTAL AMOUNT OF PAYMENT** (\$) 1,092.00**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Jin-Soo PARK et al.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	678-524 (P9531)

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 04-1121

Deposit Account Name DILWORTH & BARRESE, LLP

- ☒
- Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	\$690.00
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 690.00**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
25	-20** = 5	X \$18	= \$90
7	-3** = 4	X \$78	= \$312
		\$260	= \$0

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 402.00**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0**SUBMITTED BY**

Name (Print/Type) Paul J. Farrell

Registration No. 33,494
(Attorney/Agent)**Complete (if applicable)**

Telephone (516) 228-8484

Signature



Date August 17, 2000

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL484186890US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: August 17, 2000


Theodosios Thomas

08-18-00

A/

Atty. Docket No. 678-524 (P9531)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BOX PATENT APPLICATION

Assistant Commissioner for Patents
Washington, D.C. 20231

UTILITY APPLICATION FEE TRANSMITTAL

jc862 U.S. PTO
09/641173
08/17/00

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Jin-Soo PARK, Hi-Chan MOON, and Jae-Min AHN

For: APPARATUS AND METHOD FOR ACCESS COMMUNICATION IN CDMA
COMMUNICATION SYSTEM


Enclosed are:

- ☒ 19 page(s) of specification
- ☒ 1 page(s) of Abstract
- ☒ 7 page(s) of claims
- ☒ 8 sheet(s) of drawing(s) ☒ formal ☐ informal
- ☐ _____ page(s) of Declaration and Power of Attorney
- ☐ An Assignment of the invention to _____

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date August 17, 2000 in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL484186890US addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Dated: August 17, 2000


Theodosios Thomas

JC905 U.S. PTO
08/17/00

08/17/00 09/641173

☒ Certified copy of application

<u>Country</u>	<u>Appln. No.</u>	<u>Filed</u>
<u>Korea</u>	<u>34015/1999</u>	<u>August 17, 1999</u>

from which priority under Title 35 United States Code,
§ 119 is claimed

☐ is enclosed.

☒ will follow.

CALCULATION OF UTILITY APPLICATION FEE

For	Number Filed	Number Extra	Rate	Basic Fee \$ 690.00
Total				
Claims*	25 =	5	x \$ 18.00	\$ 90.00
Independent				
Claims	7 =	4	x \$ 78.00	\$ 312.00
Multiple	<input type="checkbox"/> yes	Add'l. Fee	\$260.00	\$ -0-
dependent				
Claims	<input checked="" type="checkbox"/> no	Add'l. Fee	None	= \$ -0-
TOTAL				<u>\$1,092.00</u>

☐ Verified Statement of "Small Entity" Status Under 37 C.F.R.
§ 1.27. Reduced fees under 37 C.F.R. § 1.9(f) (50% of
total) paid herewith \$_____.

☐ A check in the amount of \$_____ to cover the recording of
the attached Assignment is enclosed.


☒ A check in the amount of **\$1,092.00** to cover the
filing fee(s) is attached.

☐ Charge fee to Deposit Account No. 04-1121. Order No.
_____ TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

*Includes all independent and single dependent claims and all claims referred to in multiple
claims. See 37 C.F.R. § 1.75(c).

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

Date: August 17, 2000



SIGNATURE OF ATTORNEY
Paul G. Farrell
Reg. No. 33,494
Attorney for Applicant(s)

DILWORTH & BARRESE
333 Earle Ovington Blvd.
Uniondale, NY 11553
Tel.: (516) 228-8484
Fax: (516) 228-8516
PJF/TT/lah